



PTO/SB/52 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

312.104331R00

I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following ~~company~~ <sup>assignee</sup> Her Majesty in Right of Canada as Represented by the Minister of Communications and the title of my position with said ~~company~~ <sup>assignee</sup> is: President, Communications Research CentreThe entire title to the patent identified below is vested in said ~~company~~ <sup>assignee</sup>Name of Patentee(s): Kenneth O. Hill; Bernard Y. Malo; Francois C. Bilodeau; Derwyn C. JohnsonPatent Number  
5,367,588Date Patent Issued  
November 22, 1994Title of Invention METHOD OF FABRICATING BRAGG GRATINGS USING A SILICA GLASS PHASE GRATING MASK AND MASK USED BY SAMEI believe said patentee(s) to be the original, first and ~~sole~~ <sup>sole or</sup> joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled See Attachment 1

the specification of which

☒ is attached hereto.☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_ / \_\_\_\_\_ and was amended on \_\_\_\_\_ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

See Attachment 2

TECHNICAL ROOM

FEB 25 2000

RECEIVED

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)

Docket Number (Optional)  
312.104331R00

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Melvin Kraus	22,466
William I. Solomon	28,565
Gregory E. Montone	28,141

Correspondence Address: Direct all communications about the application to:

☒ Customer Number

020457



Place Customer  
Number Bar Code  
Label here

Type Customer Number here

OR

☒ Firm or  
Individual  
Name

ANTONELLI, TERRY, STOUT &amp; KRAUS, LLP

Address 1300 N. Seventeenth Street

Address Suite 1800

City Arlington State VA ZIP 22209

Country USA

Telephone (703) 312-6600 Fax (703) 312-6666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)

Gerry Turcotte

Signature

Date

28/1/2000

Residence

1640 Bearhill Road  
Carp, Ontario, Canada

Citizenship

Canadian

Post Office Address

1640 Bearhill Road

Carp, Ontario, Canada K0A 1L0